

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH September YEAR 2002

PRIMARY EVENT COUNTY: DuPage

COMPANY NAME:	<u>United Plastics Group Inc.</u>	TYPE OF EVENT:	<u>Reduction</u>
COMPANY ADDRESS:	<u>529 Thomas Drive</u>	WARN NOTIFIED DATE:	<u>9-6-2002</u>
		FIRST LAYOFF DATE:	<u>11-4-2002</u>
CITY, STATE, ZIP:	<u>Bensenville, IL 60106</u>	# WORKERS AFFECTED:	<u>120</u>
COMPANY CONTACT:	<u>Patrick Madigan</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>630-766-1852</u>		
SUBSTATE AREA & NUMBER:	<u>LWIA 6</u>		
TYPE OF COMPANY:	<u>Mfg. Rubber & Misc Plastics</u>	COMPANY SIC:	<u>3089</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
	_____	FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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COMPANY CONTACT:	_____	EVENT CAUSES:	_____
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SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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MONTH September YEAR 2002

PRIMARY EVENT COUNTY: Lake

COMPANY NAME:	Nestle Waters North America	TYPE OF EVENT:	Closing
COMPANY ADDRESS:	700 N Deerpath Drive	WARN NOTIFIED DATE:	9-17-2002
		FIRST LAYOFF DATE:	11-17-2002
CITY, STATE, ZIP:	Vernon Hills, IL 60061	# WORKERS AFFECTED:	63
COMPANY CONTACT:	Thomas Schumacher	EVENT CAUSES:	Not Provided
TELEPHONE:	714-792-2107		
SUBSTATE AREA & NUMBER:	LWIA 1		
TYPE OF COMPANY:	Mfg. Food & Kindred Products	COMPANY SIC:	2032

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
	_____	FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
	_____	FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
	_____	FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH September YEAR 2002

PRIMARY EVENT COUNTY: Sangamon

COMPANY NAME:	<u>Westabbe Health Care Center</u>	TYPE OF EVENT:	<u>Shutdown</u>
COMPANY ADDRESS:	<u>2301 W Main Monroe Street</u>	WARN NOTIFIED DATE:	<u>9-9-2002</u>
		FIRST LAYOFF DATE:	<u>12-4-2002</u>
CITY, STATE, ZIP:	<u>Springfield, IL 62704</u>	# WORKERS AFFECTED:	<u>80</u>
COMPANY CONTACT:	<u>R Wade Lemon</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>317-566-1586</u>		
SUBSTATE AREA & NUMBER:	<u>LWIA 20</u>		
TYPE OF COMPANY:	<u>Health Services</u>	COMPANY SIC:	<u>8051</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
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TYPE OF COMPANY:	_____	COMPANY SIC:	_____

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH September YEAR 2002

PRIMARY EVENT COUNTY: Williamson

COMPANY NAME:	<u>General Dynamics Ordnance & Tech</u>	TYPE OF EVENT:	<u>Layoffs</u>
COMPANY ADDRESS:	<u>8820 Route 148</u>	WARN NOTIFIED DATE:	<u>9-30-2002</u>
		FIRST LAYOFF DATE:	<u>12-6-2002</u>
CITY, STATE, ZIP:	<u>Marion, IL 62959</u>	# WORKERS AFFECTED:	<u>60</u>
COMPANY CONTACT:	<u>Steven D Preston</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>618-993-9364</u>		
SUBSTATE AREA & NUMBER:	<u>LWIA 25</u>		
TYPE OF COMPANY:	<u>Mining & Quarrying of Non-Metallic</u>	COMPANY SIC:	<u>1429</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
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CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

Company Name:	The name of the event company submitting the WARN notice.
Company Address:	The event company's street address where layoff or closing is occurring.
City, State, Zip:	The event company's city, state and zip code.
Company Contact:	The name of the individual identified as the principal authority for normal communication and interaction for the event company.
Telephone:	The telephone number of the company contact person.
Sub-State Grantee:	The primary sub-state grantee with geographical responsibility to offer services to the affected workers.
Type of Company:	The Standard Industrial Classification (SIC) depicting the type of business the company is engaged in.
Event County:	The Illinois county in which the dislocation event is located.
Type of Event:	Indicates whether the workers are being dislocated because of a plant closing, substantial layoff (at least 1/3 of workforce affected) or layoff.
Warn Notified Date:	The date the Rapid Response Unit is in receipt of the WARN letter notifying of the impending closing or layoff.
First Layoff Date:	The first date that layoffs are expected to occur.
# Workers Affected:	The originally reported number of workers expected to be laid off.
Event Causes:	Indicates up to three reasons for the plant closing or layoff.